	DEBI DIMENT OF BUILDING MENTAL AND GOOD ADDRESS		
ST ST	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH		
R S P	CHILD CARE FACILITY		
	INSPECTION REPORT		
REA	ASON GRADE Inspection Date: ESTABLISHMENT NAME:		7,000
Regular	04 09 2018 M.G. HUFFER ADVENTURES	IN LEARN	JING CHUD OF
Follow-U	p 7 Time In/Out: OWNER/OPERATOR:		
Complair			
Investiga	tion RATING LOCATION: Establish	pent Type:	
Other:	A 170000540	70.00	
	PERMIT STATUS:	mporary	Expired
-			al / / Expired
The	following items identify violations found this day in the operations and facilities which must be n or sooner as the Department indicates. Non-compliance may result in downgrading or pe	e corrected	by the next
Inspectio	a written request for hearing must be submitted before the indicated correction	rmit susper date.	ision. To appear
ITEM*	REMARKS		CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED TODAY. PROVIDES	TE T	PHOREN
	SONE)		
	INSPECTION DATED DI 24 2018, RESULTED IN A RATING		
	OF 2/A, PREVIOUS VIOLATION (\$31) WERE CORRECTED.		
	THE FOLLOWING NOZE OBSERVED TOOAY:		
21			05/01
31.	A HOVE FROM PREVIOUS SHOWER HEAD WAS FOUND IN RESTROOM	2	05/09/2018
	OF INFANT ROOM. GAPS FOUND ON SCREEN COOR WEAR KITCHEN		
	ARGA AND MAIN BUTRANCE DOOR.		
	ALL AREA, FACILITIES, AND EQUIPMENT SHALL BE KEPT		
-			1 12 14 1
	IN NEAT, CLEAN, AND IN GOOD STATE OF REPAIR TO PREVEN	(
	entry of pests.		MCA LIKE
			1000
	PHOTOS WERE TAKEN.	v	
T 8 1			100000
	PLACARD "A" NO. 02689 POSTED.		
	DISCUSSED REPORT WITH MAYRENEAUN SANTOS, DIRECTO	2.	Δ.
		4	
		E LICY LINE	
9			- 1
			COTWICE
I hav	ve read and understand the above violation(s) and I am aware of the corrective me	asures to	be taken.
	When any of the following items are Received By (Name & Title):	2	- 1
	above, they shall be corrected within MayreneAm Cartes Director Alex	South .	_
(0) (4) (-	10 days of this inspection: DEH Inspector (Name & Title):		
(2), (4), (6	i), (14), (21), (23), (24), (27), (28), (39) & (40). V. RAYMUNDO, EPHOI	7	